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United States Bankruptcy Court		PROOF OF CLAIM	U.S. COURT 001 AUG 30 10 11:06 FBI FBI FBI
District of <u> </u> ID <u> </u>			
In re (Name of Debtor) PERRITTE, JAMES C		Case Number 01-1998	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or entity to whom the debtor owes money or property) MEIER & FRANK		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Addresses Where Notices Should be Sent P. O. BOX 3476 PORTLAND, OREGON 97208		THIS SPACE IS FOR COURT USE ONLY	
Telephone No. <u> </u>			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 7-039-582-6		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: <u> </u> <input type="checkbox"/> amends	
1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <u> </u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number <u> </u> Unpaid compensations for services performed from <u> </u> (date) to <u> </u> (date)			
2. DATE DEBT WAS INCURRED: <u> </u>		3. IF COURT JUDGMENT, DATE OBTAINED: <u> </u>	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> SECURED CLAIM \$ <u>0.00</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) <u> </u> Amount of arrearage and other charges included in secured claim above, if any \$ <u> </u> <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>821.65</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. </div> <div style="width: 48%;"> <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u> </u> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other — 11 U.S.C. §§ 507(a)(2), (a)(5) — (Describe briefly) <u> </u> </div> </div>			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <u>821.65</u> (Unsecured) \$ <u>0.00</u> (Secured) \$ <u> </u> (Priority)		\$ <u>821.65</u> (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDIT AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u> </u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) GARY L. PEABE, VICE PRESIDENT, GENERAL CREDIT MANAGER 		

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ME 7-039-582-6 LVL 0 T 2 01

JAMES C PERRITTE SSN 549-31-0388 DL

OTH ACCT

3273 W CALICO ST

H 2083761333

CID LJE 003071

BOISE

ID 93709 SB

JOHN R. WILSON ATTY

WHO INDVL CC REGULAR

LP 03/27/01

34.00 LC 07/00 1039.92 DEL 06/00 TIC 4

MO	BALANCE	NCM-DUE	PAST-DUE	PAYMENT	CREDIT	CHARGE	FCMG DEFER	ELINE
JAN	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
FEB	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
MAR	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
APR	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
MAY	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
JUN	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
JUL	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
AUG	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
SEP	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
OCT	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
NOV	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
DEC	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00
TOT	821.65	821.65	821.65	0.00	0.00	0.00	0.00	0.00